

**KOSCIUSKO COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
PLAN REVIEW QUESTIONNAIRE**



Instructions:

1. Please answer **all** the following questions and return this form and the application to the Kosciusko County Health Department, 100 West Center St. Warsaw, IN 46580.
2. Any questions may be directed to the Kosciusko County Health Department at 574-372-2349.
3. This questionnaire is not designed as a complete list of requirements but should be used as a guideline only.
4. The sanitation requirements noted in this document are specified under the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-26
5. The Rule may be used for referral purposes as it pertains to section numbers referenced at the end of each question.

New _____ Remodel _____ Conversion _____

Name of Facility: _____

Address of Facility: _____
(Street Address Only – No P.O. Box) (City, State) (Zip Code)

Contact Name and Title: _____ Contact Telephone #: _____

***It is required that you provide plans that are a minimum of 8.5 x 11 inches in size including the layout of the floor plan.**

I have submitted plans/applications to the authorities with jurisdiction listed below on the following dates.

Note – depending on the location of the establishment, not all of these agencies will have jurisdiction (i.e. if establishment is located in the county, city building departments will not have jurisdiction.):

_____ Kosciusko County Building & Plan Commission
Security)

_____ State Building & Fire (IN Dept. of Homeland

_____ Warsaw City Building Department

Sewer (check one): _____ Private Septic* _____ Municipal - If establishment is on a municipal waste system, check one of the following:

*For existing establishments, limitations
to menu and seating may apply based on
existing septic

Number of seats: _____ Total square feet of the facility: _____ Number of floors on which operations are conducted: _____

Maximum meals to be served (Approximate number): Breakfast _____ Lunch _____ Dinner _____

Type of service (check all that apply): _____ Sit down meals _____ Take out _____ Caterer
_____ Mobile food vendor _____ Other – Describe _____

This section should be completed by the operator of the retail food establishment – either the owner or the manager.

The following procedures/questions must be answered by the owner or manager prior to construction. Complete answers will ensure that special consideration is given to these standard sanitary operating procedures (SSOPs) prior to opening for business.

Please indicate whether a section applies to your operation by checking or completing the answers.

1. Who (*job title*) will be the certified food handler for the facility? _____
2. How will employees be trained in food safety? _____

3. Please provide a list of all food distributors to be used by the establishment _____

4. What are the standard operating procedures for receiving food shipments? _____

What is the anticipated frequency of food deliveries (i.e. twice a week, once a month, etc.) for:

Frozen _____ Fresh _____ Dry _____

5. Are temperatures checked and containers inspected for damage upon receipt? _____ Yes _____ No
6. Do you intend to make **low-acid canned foods** or **acidified foods** and intend for these products to be shelf stable, meaning no refrigeration is required once produced? Examples of low acid canned foods would be green beans, beets, corn, etc. An example of acidified foods would be various types of salsas, such as fruit salsas. _____ Yes _____ No

If yes, have you passed the Better Process and Control School exam? _____ Yes _____ No (*Please include a copy of the certification.*)

7. Do you intend to vacuum package (*reduced oxygen package*) any food products on site? _____ Yes _____ No

If yes, list the foods you intend to package using a vacuum seal. _____

8. Do you intend to repackage foods from bulk for retail sale? _____ *Yes _____ No _____ N/A *If yes, please attach a sample label for review.

FOOD PREPARATION

9. What procedure will be used to prevent employees from touching foods that are considered ready-to-eat, such as sushi, lettuce, buns, etc.? _____

10. Describe your date marking system for potentially hazardous ready-to-eat foods. _____

11. Will all produce be washed prior to use? _____ Yes _____ No

Describe the method that will be used to wash the produce. _____

12. Describe the procedure to minimize the amount of time potentially hazardous foods will be kept in the temperature danger zone (41°F - 135°F) during preparation.

13. Describe the process for thawing frozen foods.

14. Describe the process for cooling foods.

15. What procedures will be in place to ensure that foods are reheated to 165°F?

16. Will a buffet be served? ____ Yes ____ No ____ N/A If yes, who will be responsible for ensuring that the buffet is protected from contamination?

HOT AND COLD HOLDING

17. Will "Time as a Public Health Control" be used for potentially hazardous food(s)?

____ Yes ____ No ____ N/A (NOTE: These procedures must be submitted and approved by this department before their use.)

18. Will raw animal food(s) be offered to the public in an undercooked or raw form, such as sushi, rare hamburgers, eggs over easy, Caesar dressing made from raw eggs, etc.?

____ *Yes ____ No ____ N/A *If yes, please attach your **consumer advisory statement** (both disclosure and reminder) for review.

19. Who (*job title*) will be assigned the responsibility of taking food temperatures (*line cook, kitchen manager, etc.*)?

20. At what steps will internal food temperatures be taken (*cold holding, cooking, cooling, reheating, and hot holding*).

21. Describe how cross-contamination between raw meats or raw produce and ready-to-eat foods will be prevented in refrigeration units (*i.e. walk-in coolers, under-the-counter coolers, etc.*).

22. Describe how cross-contamination between different types of raw meats, poultry, and seafood will be prevented in refrigeration units.

SANITIZATION

23. Who (*job title*) will be assigned the responsibility of ensuring the correct type and amount of sanitizer will be used for wet wiping cloth solutions and/or dish washing?

24. What type of chemical sanitizer(s) will the establishment use for wet wiping cloth solutions and/or dish washing?

25. Will the establishment have test kits/papers on site for all types of chemical sanitizers?

____ Yes ____ No ____ N/A

POISONOUS OR TOXIC MATERIALS AND PERSONAL CARE ITEMS

26. Where will poisonous or toxic materials be stored (*including ones for retail sale*)?

27. Will the establishment use a hand sanitizer in addition to hand soap? ____ Yes ____ No

If so, what brand? _____

28. Who (*job title*) will ensure that insecticides and rodenticides are “Approved for Use in Food Establishments”, and that they are applied in a safe manner?

29. Will all chemical spray bottles be clearly labeled as to common name of contents? ____ Yes ____ No

30. Where will first aid supplies be stored ?

PERSONAL BELONGINGS

30. Are separate dressing rooms/lockers provided ? ____ Yes ____ No

31. Describe the storage location for employees’ coats, purses, medicines, and lunches.

32. Where is the designated area for employees to eat, drink, and use tobacco?

MISCELLANEOUS

33. Will any part of the retail food establishment open directly into any part of any living or sleeping quarters ?

____ Yes ____ No ____ N/A

34. Has the establishment registered or applied for a permit from the regulatory authority? ____ Yes ____ No

The following list of questions should be completed by the architect/contractor/engineer.

WARE WASHING/DISH WASHING

35. Dish washing methods (check one or both): ☐ 3-compartment sink ☐ Mechanical dish machine

36. If a 3-compartment sink is used, which sanitizing method will be used? ☐ Hot water ☐ Chemical

If hot water, do you have a booster heater? ☐ Yes ☐ No ☐ N/A

If hot water, how will you ensure that the unit is sanitizing properly?

37. If a mechanical dish machine is used, which sanitizing method will be used? ☐ Hot water ☐ Chemical

If hot water, do you have a booster heater? ☐ Yes ☐ No ☐ N/A

If hot water, how will you ensure that the unit is sanitizing properly?

38. Does your chemical dish machine have an alarm that indicates when more chemical sanitizer needs to be added?

☐ Yes ☐ No ☐ N/A

What type of alarm will be used to detect when the sanitizer is too low? ☐ Audible ☐ Visual

39. Can the largest piece of equipment be submerged into the 3-compartment sink or mechanical dish machine ?

☐ Yes ☐ No

40. Does the establishment have enough drain boards/utensil racks/carts for the air drying of equipment and utensils for either the 3-compartment sink or mechanical dish machine? Please describe air drying procedures and equipment below.

WATER SUPPLY

41. Is the water supply public (☐) or private (☐)? If public, disregard question #40.

42. If private, has the source been tested ? ☐ Yes ☐ No

If water has been tested, when was the last test _____ and was a copy of the lab results sent to this office? ☐ Yes ☐ No

WASTE WATER/SEWAGE DISPOSAL

43. Is the sewage disposal system public (☐) or private (☐)? If public, disregard question #42.

44. Has the waste treatment system (septic system) been approved by the state or local agency with jurisdiction?

☐ Yes (please provide copy of the approval) ☐ No

PLUMBING

45. Are hot and cold water fixtures provided at every sink? ☐ Yes ☐ No

46. If a water supply hose is to be used for potable water, is it made from food-grade materials? ☐ Yes ☐ No

47. What are the recovery time, volume, and capacity of the water heater ?

48. The following technical information is needed on the proposed plumbing. This section is best completed by a licensed plumber or engineer.

Fixture	Water Supply					Sewage Disposal		
	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connection
Dishwasher								
Ice Machine(s)								
Mop/Service Sink								
3-Compartment Sink								
2-Compartment Sink								
1-Compartment Sink								
Hand Sink(s)								
Dipper Well								
Hose Connections								
Asian Wok/Stove								
Toilet(s)								
Kettle(s)								
Thermalizer								
Overhead Spray Hose								
Other Spray Hose(s)								
Other:								
Other:								
AVB = Atmospheric Vacuum Breaker					HB = Hose Bib Vacuum Breaker			
PVB = Pressure Vacuum Breaker					VDC = Vented Double Check Valve			

49. Has contact been made to the municipality to determine if a grease trap is required? ____ Yes ____ No ____ N/A

50. What is the scheduled frequency of cleaning for the grease trap? _____

HAND WASHING/TOILET FACILITIES

51. Hand washing sinks are required in all food preparation and dish washing areas (including bars), as well as restrooms. How many hand sinks will be provided? _____

52. Are all toilet room doors self-closing where applicable? ____ Yes ____ No

53. Are all toilet rooms equipped with adequate ventilation? ____ Yes ____ No

ROOM FINISH SCHEDULE

54. Please indicate which materials (*i.e. quarry tile, stainless steel = SS, plastic cove molding, etc.*) will be used in the following areas.

AREA	FLOOR	COVE MOLDING	WALL	CEILING
KITCHEN				
CONSUMER SELF-SERVICE				
SERVING LINE				
BAR				
FOOD STORAGE				
EQUIPMENT/ SINGLE-SERVICE ARTICLE STORAGE				
CHEMICAL STORAGE				
OTHER STORAGE				
MOP/SERVICE SINK AREA				
DISH WASHING AREA				
GARBAGE STORAGE				
TOILET ROOMS				
OTHER				

EQUIPMENT

55. Will all of the equipment meet the design and construction for the American National Standards Institute (ANSI) standards or meet section 205? ____ Yes ____ No

56. Will the utensils and food storage containers be made from food-grade quality materials? ____ Yes ____ No

57. Will any pieces of used equipment be utilized? ____ Yes ____ No (**Note- Used equipment must be approved for use by this department**)

If so, please list equipment types: _____

58. Is the ventilation hood system sufficient for the needs of the establishment? ____ Yes ____ No ____ N/A

59. Will all of the equipment used for the storage of potentially hazardous foods be able to meet the minimum temperature requirements (*frozen food 0° F, cold food 41° F, hot food 135° F*)? ____ Yes ____ No ____ N/A

60. Please list equipment types for the hot and cold holding of foods; also, during serving or transporting.

61. Will each refrigeration unit have a display thermometer? ____ Yes ____ No

62. What types of counter protective guards for food (*sneeze guards*) will be used for consumer self-service?

INSECT AND RODENT HARBORAGE

63. Will all outside doors be self-closing, when applicable, and rodent/insect proof? ____ Yes ____ No

64. Will screens be provided on any open windows/doors to the outside? ____ Yes ____ No

65. Will air curtains be installed (*either plastic or mechanical*)? ____ Yes ____ No

If yes, on which openings will they be installed?

66. Will all pipes, lines, and electrical conduit be installed so as not to obstruct cleaning of floors, walls, and ceilings?

____ Yes ____ No

If no, explain how appropriate cleaning of surfaces will be accomplished. _____

67. Is the area around the building clear of unnecessary debris, brush, and other harborage conditions?
____ Yes ____ No

68. Do you plan to use a pest control service? ____ Yes ____ No Frequency _____ Company _____

REFUSE AND RECYCLABLES

69. Describe the surface (*for refuse/recyclables*) on which the outside dumpster will be located (*i.e. machine-laid asphalt, concrete, etc.*).
70. Where will recyclables be stored prior to pick-up? _____

LIGHTING

71. What are the foot-candles of light for the following areas?

Food preparation areas _____	Dish washing areas _____
Dry storage areas _____	Restrooms _____
Walk-in refrigeration units _____	Other _____